2. Penalities for subsequent offences to be enhanced upto 10 years and with fine which shall not be less than one lakh rupees.
3. Offences relating to spurious or adulterated drugs to be made non-bailable and cognizable.
4. Provision for setting up of special courts to try offences or spurious or adulterated drugs.
5. To confer powers upon police offices not below the rank of sub-inspector or other designated officers to institute prosecutions under the said Act.
6. Provision for compounding of offences for minor offences under the Act.

The proposed amendments will make the Law deterrent to the offenders involved in the manufacture or sale of spurious drugs. The involvement of enforcing agencies like Police will help in speedy investigations to book the culprits and in controlling anti-social elements involved in such activities.

Since the Bill has now lapsed with the dissolution of previous Lok Sabha, necessary action to introduce a bill to enhance penalties for manufacture and/or sale of spurious and/or adulterated drugs under the Drugs & Cosmetics Act, 1940, has been initiated by the Ministry of Health & Family Welfare.

Deaths of patients in AiiMS

†264. SHRI PYARELAL KHANDELWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that about three thousand patients die every year in Delhi's well-known AII India Institute of Medical.Sciences;

(b) if so, the action being taken by Government in this regard;

(c) whether Government would take any effective steps to provide free emergency medical facilities in all the Government hospitals, private hospitals and nursing homes; and

(d) if so, the details thereof and the details of procedure for conducting surprise inspection/check in the Government Hospitals?

†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The detail of the death cases during the last three years in AIIMS, New Delhi is as under:

Year	Total deaths	Gross (crude death rate (%)	Net Death rate (%)
2001-2002	2712	3.8	2.6
2002-2003	2846	3.7	2.8
2003-2004	2817	3.7	2.8

While calculating net death rates, the deaths which occurred within 48 hours of admission have not been taken into account. The above death rate at the institute is comparable to international standards.

(c) and (d) Health being, a State subject, it is the responsibility of the respective State Government to take necessary steps to provide free emergency medical facilities in all the Government hospitals, private hospital and nursing homes in the State. In so far as Central Government hospitals in Delhi are concerned, all the emergency facilities are provided free of cost. There is also in-built mechanism both within the Central Government hospitals and the department of health to ensure that the standard of health care facilities provided in these hospitals is maintained.

Shortage of PHCs in the country

†265. SHRIMATI SAVITA SHARDA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that there is acute shortage of Primary Health Centres in the country;

(b) if so, the reasons therefor;

(c) total number of Primary Health Centres in the country at present;

(d) whether there is acute shortage of health related facilities in the Primary Health Centres in the country; and

(e) if so, steps proposed to be taken by Government to overcome the shortage?

†Original notice of the question was received in Hindi.